

ORIGINAL
Rev. 5/05

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) Eric Jackson 267189
(Name of Plaintiff) (Inmate Number)

P.O. Box 9561 Wilmington De. 19809
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) CMS (Correctional Medical Services)
(2) H.R.Y.C.I (Gardner Hill Prison)
(3) _____
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

06-390

(Case Number)

(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested



II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☐ Yes ☒ No
- C. If your answer to "B" is Yes:
1. What steps did you take? N/A
 2. What was the result? N/A
- D. If your answer to "B" is No, explain why not: I'm on the grievance board list.

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: Howard R. Young Correctional Institute
 Employed as _____ at _____
 Mailing address with zip code: 1301 E. 12th St. Wilmington, De. 19809

(2) Name of second defendant: Correctional Medical Services
 Employed as _____ at H.R.Y.C.I
 Mailing address with zip code: Delaware Regional Office 1201 College Park Drive Suite 101 Dover, De. 19904

(3) Name of third defendant: _____
 Employed as _____ at _____
 Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. On 4/11/06 I was called down the dental department
for a tooth extractions. The dentist was Dr. Buckson.
The roots on the upper top left part of my mouth
were giving him a hard time when he started tapping
on them with his tool, ultimately punching a hole into
2. my jaw into my sinus region. I would find Dr. Buckson
removed the bone from the said area. I would later
return to my housing unit only to be bought back
to the infirmary in excruciating pain! My jaw became
inordinately swollen for 9 days and wasn't fed for 3
3. days. I informed a number of officers about my con-
dition, and not being able to eat, but my cries fell
on deaf ears until the 3rd day I was given Boost
Nutrient Drinks By nurse Candice.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I wish the courts to grant me pain and suffering
also medical malpractice.

2. _____

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 9th day of June, 2006.

Mr. Eric Jackson Jr.

(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

Mr. Eric Jackson #267189

P.O. Box 9564 W.R. 01

CLERK

U.S. District Court

Lockbox 18

844 N. King St.

Wilmington, De. 19801